

DEPARTMENT OF LABOR AND INDUSTRIES
Worker's Compensation Special Assistant Attorney
General Program
Third Party Section
P.O. Box 44288
Olympia WA 98504-4288



APPLICATION FOR INCLUSION ON LIST OF ELIGIBLE ATTORNEYS

Name		Phone	Fax
Firm		<div>ACTIVE MEMBER OF STATE BAR ASSOCIATION NO <input type="checkbox"/> YES <input type="checkbox"/> WSBA NUMBER _____ I have an attorney trust account that complies with the Washington Rules of Professional Conduct NO <input type="checkbox"/> YES <input type="checkbox"/> ACCOUNT NO. _____ NAME OF BANK OR INSTITUTION: _____</div>	
Address			
City	State		

I HAVE IN FORCE PROFESSIONAL LIABILITY INSURANCE
NO ☐ YES ☐ **POLICY NUMBER & INSURANCE CARRIER**

STATES LICENSED IN:

AREAS OF EMPHASIS IN TORT LAW (OPTIONAL)

COUNTIES WHERE WILLING TO PRACTICE:

ACCEPT CASES WITH L&I CLAIM COSTS: ☐ under \$1,000 ☐ \$1,000 - \$5,000 ☐ over \$5,000

I agree to inform the Department of Labor & Industries of any changes to my qualifications as stated above. I recognize that this application, and inclusion on the list, does not give me any right to or expectation of employment as a Special Assistant Attorney General.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Please duplicate for your records and mail original to:

DEPARTMENT OF LABOR AND INDUSTRIES
Workers Compensation Special AAG Program
Third Party Section
P.O. Box 44288
Olympia, WA 98504-4288
(360) 902-5103

SIGNATURE

UBI#:

SS or Fed ID#:

L&I Account #: